

## ENTRY BLANK

TABLE

PLEASE TYPE OR PRINT

☐ Ms.☒ Mr. Artist

JOSEPH P KRAUS

(Last Name Last)

Permanent

Address

1940 PARKGATE AVENUE

AKRON OH

Street

City

44320

Daytime Tel. ( ) 216 836 5258

Zip

Area Code

Temporary or

Studio Address

Street

City

Daytime Tel. ( )

Zip

Area Code

If you do not presently live in one of the counties of the Western Reserve, in which county were you born?

Collaborator Caning by Frank Nash

(If Any)

If May Show entries are not accepted or not sold:

☒ Artist will pick up at Museum.☐ Museum should dispose of.
☐ Museum should ship to artist at artist's expense  
to this address:

## Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This Entry blank must be fully made out and signed. Unsigned Entry Blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until June 29, 1986.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed in the Entry Information.

Signature

Joseph P Kraus

DO NOT DETACH

DO NOT DETACH

# ENTRY BLANKS

# 1

- ☐ 1. Paintings    ☐ 2. Graphics    ☐ 3. Photography  
☐ 4. Sculpture    ☒ 5. Crafts

Materials    FRAME: aluminum and Baltic birch plywood, lacquered    BOWL: maple, cherry, and solid core plastic laminate    SEAT: cane

Title  
A PAIR OF CHAIRS

Price or NFS	Insurance Value	Size
NFS	if NFS Only \$2,000.00	22" w. x 22" d. x 36" h.

## GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale	Total No. in Edition	Price Unframed	Price of Frame
ACCEPTED <b>X</b>	DO NOT WRITE IN THIS SECTION  <b>16 A, B (M)</b>		ACCEPTED <b>X</b>
REJECTED			REJECTED

# 2

- ☐ 1. Paintings    ☐ 2. Graphics    ☐ 3. Photography  
☐ 4. Sculpture    ☐ 5. Crafts

Materials

Title

Price or NFS	Insurance Value If NFS Only	Size

## GRAPHICS AND PHOTOGRAPHY ONLY

Additional No. For Sale	Total No. in Edition	Price Unframed	Price of Frame
ACCEPTED	DO NOT WRITE IN THIS SECTION		ACCEPTED
REJECTED			RECEIVED <b>BB</b>
			DATE <b>4/11</b>

DETACH

1986 MAY SHOW  
The Cleveland Museum of Art  
Cleveland, Ohio 44106

JOSEPH KRAUS

Name

1940 PARKGATE AVENUE

Address

AKRON OHIO 44320

City & State

Zip

## NOTIFICATION #2

DO NOT  
DETACH**1**☐ 1. Paintings☐ 2. Graphics☐ 3. Photography☐ 4. Sculpture☒ 5. Crafts

Title

A PAIR OF CHAIRS

DO NOT WRITE IN THIS SECTION

16 A. B CM

ACCEPTED

X

REJECTED

**2**☐ 1. Paintings☐ 2. Graphics☐ 3. Photography☐ 4. Sculpture☐ 5. Crafts

Title

DO NOT WRITE IN THIS SECTION

ACCEPTED

REJECTED

RETURN OF OBJECTS:

REJECTED: MAY 6-10

ACCEPTED: JULY 8-12

It is understood that the Museum will have the right to dispose for its own account any object not called for by the dates listed.

This is your only receipt to claim your object(s).